

8-29-01

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 4]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Filing Sponsored R & D
 - Reference to Prior Disclosure listing a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages 1]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63 (d))
 (for a continuation/divisional or Box 18 completed)
 DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s)
 named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. CD-ROM or CD-R (2 copies); or
 ii. paper
 c. Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

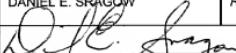
9. Assignment Papers (cover sheet & document(s))
 10. 37 C.F.R. §3.73(b) Statement Power of Attorney
 (When there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
 (Should be specifically itemized)
15. Certified Copy of Priority Document(s)
 (If foreign priority is claimed)
16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ /
 Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS
 Customer Number or Bar Code Label or Correspondence address below
Insert Customer No. or Attach bar code label here

Name	JOSEPH S. TRIPOLI THOMSON MULTIMEDIA LICENSING INC.				
Address	2 INDEPENDENCE WAY P. O. BOX 5312				
City	PRINCETON	State	NJ	Zip Code	08543-5312
Country	USA	Telephone	(609) 734 - 9891	Fax	(609) 734 - 9700
Name (Print/Type)	DANIEL E. SRAGOW	Registration No. (Attorney/Agent)			22,856
Signature				Date	AUGUST 28, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710)

Complete If Known	
Application Number	
Filing Date	HEREWITH
First Named Inventor	Luc Tripod
Examiner Name	
Group / Art Unit	
Attorney Docket No.	PUE010180

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

07-0832

Deposit Account Name

THOMSON MULTIMEDIA LICENSING INC.

- Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
See 37 CFR 1.27.

2. Payment Enclosed:

- Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Fee (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$ 710)

2. EXTRA CLAIM FEES

Total Claims	-20	= 0	X	= 0	Fee from below	Fee Paid
Independent Claims	1	-3	= 0	X	= 0	

Multiple Dependent

Large Entity Fee Code (\$)	Entity	Small Entity Fee Code (\$)	Entity	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
106	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES	
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
105	130
127	50
139	130
147	2,520
112	920*
113	1,840*
115	110
116	390
117	890
118	1,390
128	1,890
119	310
120	310
121	270
138	1,510
140	110
141	1,240
142	1,240
143	440
144	600
122	130
123	130
126	180
581	40
146	710
149	710
179	710
169	900
Other fee (specify)	
*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3)	
(\$ 0)	

Complete (if applicable)

Name (Print/Type)	DANIEL E. SRAGOVICH	Registration No./Attorney/Agent	22,856	Telephone	(609) 734-9891
Signature				Date	AUGUST 28, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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